



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN -2 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66005157

DATE OF INSPECTION

052809

LOCATION OF INSTRUMENT (STREET AND CITY)

7010 N. HOLMES GLENSTONE

TIME OF INSPECTION

2:30Y

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) .272

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED.

☒ CHARACTER DISPLAY TEST PASSED

☒ PRINT TEST (PRINTOUT ATTACHED) PASSED.

☒ TIME AND DATE PASSED

☒ CALIBRATION CHECK — PASSED

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ .101

TEST 2 ☒ .100

TEST 3 ☒ .101

☒ SIMULATOR TEMPERATURE (34° ± 2°C) 34.0°

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) PASSED

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-.04	.05-.09	.10-.14	.15-.19	Over .19
5	1	1	0	0	2

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSTRUMENT MEETS D.O.H. REQUIREMENTS

GUTH LABS SIMULATOR MODEL 10-4D SN 502253 INS.92009

GUTH LABS .10 SOLUTION LOT 08340 EXP 101509

INSPECTING OFFICER

SIGNATURE

TERRILL ALLEN 8565

PRINT NAME

TERRILL ALLEN

TYPE II PERMIT NUMBER/EXPIRATION DATE

820341 12302010

TELEPHONE NUMBER

(816) 436 3550



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-005157
E735.23
INVALID TEST
INHIBITED - RFI

05/28/2009
22:12

GLADSTONE PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005157
05/28/2009

TEST	XBAC	TIME
AIR BLANK	.000	22:09
CAL. CHECK	.101	22:09
AIR BLANK	.000	22:09
CAL. CHECK	.100	22:10
AIR BLANK	.000	22:10
CAL. CHECK	.101	22:11
AIR BLANK	.000	22:11

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

G. Calen 8565

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005157
E735.23

05/28/2009
22:07

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#\$abcde

GLADSTONE PD
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005157
05/28/2009

DIAGNOSTIC TEST 22:05

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

G. Calen 8565

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



TERRILL D. ALLEN

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/30/2008

Number 820341

Expires 12/30/2010

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)